SUMMARY REPORT OF ACTUAL COSTS

CDA 180 (7/04) Page 1

TITLE III AND VII PROGRAMS

				1111	E III AND	VII I KOOI	MIVID			
GRANT PERIOD:				[] ORIGINAL	[] REVISION N		GRANT NO.:		DATE:	PSA NO.:
COST			(a) Actual	(b) Area Plan	(c) III B	(d) III C-1	(e) III C-2	(f) III D	(g) VII	(h) VII
CATEGORIES			Costs	Admin	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Ombudsman	Elder Abuse Prev
		CASH								
1. Personnel	(+)	IN-KIND								
		CASH								
2. Staff Travel	(+)	IN-KIND								
		CASH								
3. Staff Training	(+)	IN-KIND								
		CASH								
4. Equipment	(+)	IN-KIND								
		CASH								
5. Consultants	(+)	IN-KIND								
		CASH		_]		
6. Food Costs	(+)	IN-KIND			_				_	_
		CASH								
7. Other Costs	(+)	IN-KIND								
8. DIRECT AREA		CASH								
AGENCY COSTS	(=)	IN-KIND								
9. Indirect or Grantee		CASH								
Allocated Costs	(+)	IN-KIND								
10. TOTAL DIRECT &		CASH								
INDIRECT AREA										
AGENCY COSTS	(=)	IN-KIND								
11. Cost of Contracted		CASH								
Services	(+)	IN-KIND		1						
12. TOTAL DIRECT,	. /									
INDIRECT, &		CASH								
CONTRACTED										
AREA PLAN COSTS	(=)	IN-KIND								
13. TOTAL CASH & IN-K	. ,									
THE CHAIR OF THE IN	,20		1			<u> </u>		<u> </u>		

Department of Aging

FINANCIAL CLOSEOUT REPORT

ACTUAL FUNDING & MATCHING CONTRIBUTIONS

CDA 180 (7/04) Page 2

TITLE III AND VII PROGRAMS

GRANT PERIOD:		[]ORIGINAL [REVISION NO.	:	GRANT NO.:		DATE:	PSA NO.:		
SECTION A	(a) Actual	(b) Area Plan	(c) III B	(d) III C-1	(e) III C-2	(f) III D	(g) VII	(h) VII		
FUNDING SOURCES	Funding	Admin	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Ombudsman	Elder Abuse Prev		
Grant Related Income CASH										
2. NSIP CASH		1								
3. Non-Matching CASH										
Contributions IN-KIND										
4. State Funds CASH										
5. Matching CASH										
Contributions IN-KIND										
6. Federal Funding CASH										
7. TOTAL AREA CASH										
PLAN FUNDING IN-KIND										
8. TOTAL CASH & IN-KIND										
SECTION B	•	<u> </u>		COSTS TO BE	MATCHED INST	RUCTIONS:	•			
~				n Costs to be Mat		1:				
MATCHING	G REQUIREMEN	тс			ie 13 minus Pg 2 co					
MATCHING	(a) Area Plan	(b) Title III	(c)	I g I coi (b) Lin	ie 15 minus 1 g 2 co	or (b) Lines I und	ugii 4			
ITEM	Admin	Programs	Total	Title III Programs Costs to be Matched Calculation:						
1. Costs to be Matched	Aumin	Tiograms	Total		ol (c) + col (d) + col		· · · · · · · · · · · · · · · · · · ·			
	25%	10.53%) P1 (f)			
2. Required Matching Percentages	25%	10.55%		minus Pg 2 Lin	es 1 through 4 col	(c), col (a), col (e), & col (1)			
Minimum Required Match Required Local Public Agencies Matching Co		2 250/		MOTE, TAL III N	4-4-1- M1 D1	- 4 4 - M 4 Mi	Madala Dani	.:		
	ontributions=Line	3 X 25%			Match May be Pool	led to Meet Minui	num Match Requ	nrement		
SECTION C				SECTION D				7.01.70		
	ADMINISTRAT				AL PUBLIC AGEN					
	CONTRIBUTIO			`	lic Agencies Must C					
Source	Cash	In-Kind	Total	So	urce	Cash	In-Kind	Total		
·										
5. TOTAL		1		6. TOTAL						

CDA 180 (7/04) Page 3

ADEQUATE PROPORTION, USDA & TRANSFERS

GRANT PERIOD:		[]ORIGINAL	[]R	EVISION NO.:	GRANT NO.:		DATE:	PSA NO.:
SECTION A					SECTION B			-
ADEQUATE PROPORTION CA	LCULATION				AREA PLAN ADMINISTRATION			
						Final	Federal Share	
ITEM					F - 1	Budget	Administration	
ITEM 1. Total Supportive Services Federal	ral Chara		1	Amount	Fund	Display	Costs (Pg 12)	Difference
Page 4 Column (h)	erai Share		+		20. III B Administration			
2. Less III B Ombudsman Fede	ral Share (no O	TO)	-		20. III D / Kallillistration			
Page 4 Column (h) Direct and			_		21. III C-1 Administration			
3. Less III B One-Time-Only Ex		310			21: 111 © 1714			
Page 11 Federal Share of Costs			_		22. III C-2 Administration			
4. Equals III B Supportive Service						L	II.	
Base Allocation			=					
DO NOT INCLUDE OTO	Actual							
	Federal	% of		Approved				
Service Category	Share*	Base**		Percentage^				
5. Information & Assistance				Ü				
6. Case Management		7						
7. Assisted Transportation		1						
8. Transportation		1						
9. Outreach		1						
10. Total Access								
11. Personal Care								
12. Homemaker								
13. Chore								
14. Visiting								
15. In-Home Respite								
16. Alzheimer's Day Care								
17. Minor Home Modification								
18. Total In-Home								
19. Legal Assistance								
* Excluding One-Time-Only								
** Total Federal Share Divided by	III B Base (line	24)						
^ As Approved in the Area Plan								

CDA 180 (7/04) Page 4

SCHEDULE OF SUPPORTIVE SERVICES

(a) Total Costs	(b) Grant Related Income		Matching ibutions (d) In-Kind ERVICES	(e) State Funds		ibutions	(h) Federal
		(c) Cash	(d) In-Kind				
Costs	Income			Funds	(f) Cash	() T TZ' 1	
		DIRECT S	ERVICES			(g) In-Kind	Share
							
					 		
							+
		CONTRACTE	D SERVICES				
					I		T
					1		1
					1		
,							
							
		 					+
					1	1	1
					 	1	

^{*-}Denotes Priority Services

CDA 180 (7/04) Page 5

SCHEDULE OF CONTRACTED SUPPORTIVE SERVICES COSTS (III B)

GRANT PERIOD:			[] REVISION N		GRANT NO.:		DATE:	,	PSA NO.:
			(b)	Non-M	latching	(e)	Mat	ching	(h)
SERVICE PROVIDER			Grant		butions			butions	
	Service	Total	Related	(c)	(d)	State	(f)	(g)	Federal
CONTRACT NUMBER	Provided	Costs	Income	Cash	In-Kind	Funds	Cash	In-Kind	Share
-									
									+
						1			
-									
-									
-									
					<u> </u>	†			
						1			
						1			
-									
						1			
-									
						1			
TOTAL SUPPORTIVE SEI	RVICES								

CDA 180 (7/04) Page 6

SCHEDULE OF NUTRITION SERVICES COSTS

GRANT PERIOD:	[] ORIGINAI	[] REVISION	NO.:	GRANT NO.:	·	DATE:	PSA NO.:	
SECTION A								
CONGREGATE NUTRITION								
	(a)				IVITIES			
COST	Actual	M	eals	Program	Management	0	ther	
CATEGORIES	Costs	(b) Cash	(c) In-Kind	(d) Cash	(e) In-Kind	(f) Cash	(g) In-Kind	7
1. Personnel								
2. Travel & Training								
3. Equipment								
4. Consultants								
5. Catered Food								
6. Raw Food								
7. Other Costs								
8. TOTAL DIRECT COSTS								
9. Indirect Costs			1				ı	
10. TOTAL COSTS								
11. TOTAL CASH AND IN-KIN	ID							
SECTION R				•		-		

HOME DELIVERED NUTRITION

	(a)	ACTIVITIES									
COST	Actual	M	eals	Program N	Management	Ot	ther	Home I	Delivery		
CATEGORIES	Costs	(b) Cash	(c) In-Kind	(d) Cash	(e) In-Kind	(f) Cash	(g) In-Kind	(h) Cash	(i) In-Kind		
12. Personnel											
13. Travel & Training											
14. Equipment											
15. Consultants											
16. Catered Food											
17. Raw Food											
18. Other Costs											
19. TOTAL DIRECT COSTS											
20. Indirect Costs											
21. TOTAL COSTS											
22. TOTAL CASH AND IN-KINI)										

CDA 180 (7/04) Page 7

SCHEDULE OF NUTRITION (III C-1 & III C-2) & DISEASE PREVENTION (III D) PROGRAMS

GRANT PERIOD:			[]ORIGINAL		•	GRANT NO.:		DATE:	PSA NO.:
OKANI I ERIOD.	(a)	(b) Grant	(c)		Matching	(f)	I Ma	tching	(i)
	Total	Related	(C)		tributions	State		ributions	Federal
PROGRAMS	Costs	Income	NSIP	(d) Cash	(e) In-Kind	Funds	(g) Cash	(h) In-Kind	Share
FROGRAMS	Costs	meome	NSIF	(u) Casii	(e) III-Kiliu	Fullus	(g) Casii	(II) III-KIIIU	Share
III C-1									
Congregate Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-1									
10,111 0 1	1	1	1	ı	•		1	ı	
III C-2									
Home Delivered Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-2									
				L				L	
-									
III D									
Nutrition Counseling									
Nutrition Education									
Disease Prev & Health Promotion									
Medication Management									
Total III D									

CDA 180 (7/04) Page 8

SCHEDULE OF CONTRACTED CONGREGATE NUTRITION PROVIDER COSTS

SERVICE PROVIDER CONTRACT NUMBER/ NAPIS PROGRAM (a) (b) Grant Related Income (c) NSIP (c) Contributions (d) Cash In-Kind (e) Cash In-Kind (f) Contributions (g) Cash In-Kind Federal Share Federal Share Foderal Share Total Contributions (g) Cash In-Kind Foderal Share Foderal Share Total Contributions (g) Cash In-Kind Foderal Share Foderal Share Total Contributions (g) Cash In-Kind Foderal Share Foderal Share Foderal Share Total Contributions (g) Cash In-Kind Foderal Share Foderal Share Foderal Share	#REF!	#REF! #REF!						#REF!		#REF!
SERVICE PROVIDER CONTRACT NUMBER/ NAPIS PROGRAM Costs NSIP Costs Contributions (d) Cash In-Kind Funds Cash In-Kind Funds Costs In-Kind In-		(a)		(c)	Non-M	#REF! latching	(f)		ching	
CONTRACT NUMBER/ Total Related Income NSIP Cash In-Kind Funds Cash In-Kind Funds Cash In-Kind Share	SERVICE PROVIDER									
NAPIS PROGRAM Costs Income NSIP Cash In-Kind Funds Cash In-Kind Share	CONTRACT NUMBER/		Related		(d)	(e)		(g)	(h)	
TOTAL CONGREGATE	NAPIS PROGRAM	Costs	Income	NSIP	Cash	In-Kind	Funds	Cash	In-Kind	Share
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE		4								
TOTAL CONGREGATE										-
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE	-									
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE										
TOTAL CONGREGATE		-								
TOTAL CONGREGATE										+
TOTAL CONGREGATE		†								
	TOTAL CONGREGATE									

CDA 180 (7/04) Page 9

SCHEDULE OF CONTRACTED HOME DELIVERED NUTRITION PROVIDER COSTS

#REF!		#REF!		J HOME DI	#REF!		#REF!		#REF!
	(a)	(b)	(c)		Satching	(f)	Ma	tching	(i)
SERVICE PROVIDER		Grant			butions		Contr	ibutions	
CONTRACT NUMBER/	Total	Related		(d)	(e)	State	(g)	(h)	Federal
NAPIS PROGRAM	Costs	Income	NSIP	Cash	In-Kind	Funds	Cash	In-Kind	Share
-									
		1	1						
								_	
TOTAL HOME DELIVERED)								

CDA 180 (7/04) Page 10

SCHEDULE OF CONTRACTED DISEASE PREVENTION (III D), VII OMBUDSMAN, & VII ELDER ABUSE PREVENTION PROVIDERS

GRANT PERIOD:	<u></u>	[] ORIGINAL	[] REVISION N		GRANT NO.:		DATE:		PSA NO.:
			(b)		fatching	(e)		tching	(h)
SERVICE PROVIDER			Grant		butions			ibutions	
CONTRACT NUMBER/	Service	Total	Related	(c)	(d)	State	(f)	(g)	Federal
NAPIS PROGRAM	Provided	Costs	Income	Cash	In-Kind	Funds	Cash	In-Kind	Share
	III D						1	1	
	III D								
	III D								
	III D								
	III D								
	III D								
TOTAL DISEASE PREVENTI	ON								
	•	-		-	-		-	-	-
	VII OMB								
	VII OMB								
	VII OMB							1	
	VII OMB								
TOTAL VII OMBUDSMAN	<u> </u>								
	VII ELDER								
	ABUSE PREV								
	VII ELDER								
	ABUSE PREV								
	VII ELDER								
	ABUSE PREV								
	VII ELDER								
	ABUSE PREV								
TOTAL VII ELDER ABUSE P	REVENTION								

CDA 180 (7/04) Page 11

CLOSEOUT FOR FEDERAL ONE-TIME-ONLY*

GRANT PERIOD:	_	[]ORIGINAL	[] REVISION	NO	O.: GRANT NO.:	DATE:		PSA NO.:
Fund	Budget Display	Federal Share Costs	Unexpended Amount		Fund	Budget Display	Federal Share Costs	Unexpended Amount
Personal Care (In-Home)*	Display	Costs	7 tinount		Congregate Meals (III C-1)	Display	Costs	Amount
Homemaker (In-Home)*					Nutrition Counseling (III C-1)		+	
Chore (In-Home)*					Nutrition Education (III C-1)			
Adult Day/Health Care								
Case Management (Access)*					Total Congregate Nutrition OTO			
Assisted Transportation (Access)*						•	•	•
Transportation (Access)*					Home Delivered Meals (III C-2)			
Legal Assistance*					Nutrition Counseling (III C-2)			
Information & Assistance (Access)*					Nutrition Education (III C-2)			
Outreach (Access)*								
Other Services:		•			Total Home Delivered Nutr OTO			
Housing						•	•	
Alzheimer's (In-Home)*					Nutrition Counseling (III D)			
Security/Crime					Nutrition Education (III D)			
Health					Disease Prev & Health Prom (III D)			
Mental Health					Medication Management (III D)			
Comm Svcs/Senior Center Mgt								
Employment					Total III D Disease Prev OTO			
Consumer								
Visiting (In-Home)*								
In-Home Respite (In-Home)*					Ombudsman (VII Omb)			
Minor Home Modification (In-Home)*								
Namor frome Wountedion (in frome)								
Ombudsman					Elder Abuse Prev (VII EAP)			
Omoudoman					Elect House Hev (vii Elii)			
Total Supportive Services OTO								
* - The Federal Share of Costs and Actual Costs	s reported here n	nust be incorporat	ed		Fund	Budget Display	Actual Costs	Unexpended Amount
into pages 1-9 and page 11 of the Financial					III C-1 NSIP OTO	=		
THIS PAGE IS NOT A SEPARATE CLO	SEOUT FOR O	NE-TIME-ONL	Y.		III C-2 NSIP OTO			_

CDA 180 (7/04) Page 12

FEDERAL SHARE OF COSTS

GRANT PERIOD:		[]ORIGINAL []REVISION			GRANT NO.:		DATE:		PSA NO.:
SECTION A	(a)	(b) Grant	(c)		Non-Matching (f)		Matching		(i)
	Total	Related	Related		Contributions		Contributions		Federal
PROGRAMS	Costs	Income	NSIP	(d) Cash	(e) In-Kind	Funds	(g) Cash	(h) In-Kind	Share
1. III B Admin									
2. III B Ombudsman									
3. III B Other Supp Svcs									
4. Total III B									
5. III C-1 Admin									
6. III C-1 Program									
7. Total III C-1									
8. III C-2 Admin									
9. III C-2 Program									
10. Total III C-2									
11. III D Disease Prevention									
12. III F (No Longer Used)									
13. Total Title III									
14. VII Ombudsman									
15. VII Elder Abuse Prev									
16. Total Title VII									
17. Total Title III/VII									